



SYMPOSIUM REGISTRATION FORM

University Plaza Hotel and Convention Center, Springfield, MO November 7-9th, 2006

NAME:

Last

First

NAME:

(AS IT SHOULD APPEAR ON YOUR NAME BADGE)

AFFILIATION:

(AS IT SHOULD APPEAR ON YOUR NAME BADGE)

ADDRESS:

CITY:

STATE:

ZIP:

PHONE: (____) _____

E-MAIL:

Registration fee includes: one copy of the proceedings, continental breakfasts, refreshments, two luncheons, and the reception on Tuesday evening.

In order to receive the Pre-Registration rate the registration form and payment must be **post-marked no later than September 1, 2006**. If for some reason you miss the discount deadline, you are encouraged to pre-register until October 15, 2006 in order to avoid any delays when you arrive.

Pre-registration Fee (must be post-marked by September 1, 2006)

\$150.00

Registration Fee (after September 1, 2006)

\$170.00

Field Trips (Thursday, November 9th):

Tour of Mark Twain National Forest

Attending:

YES

NO

\$30.00

Total Enclosed: _____

Please make your checks payable to "Shortleaf Pine Symposium" (The Federal ID Number is 20-3134936).

Mail checks along with registration form to:

Missouri Department of Conservation
Attn: David Gwaze
Resource Science Center
1110 South College Avenue
Columbia, MO 65201

For Office Use Only:

Reg. No: _____

Date Received: _____

Online _____ Cash _____ Money Order/Check # _____